

State of Illinois

Primary Care Services

Physician Specialty Services

Home Health Services

Behavioral Health Services

Obstetrical Care Services

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Overview

Federal regulations (42 CFR 447.203) require each state to develop a monitoring plan for the following services categories provided under a fee-for-service (FFS) arrangement:

- Primary care services
- Physician specialist services
- Behavioral health services
- Pre- and post-natal obstetric services, including labor and delivery
- Home health services

These regulations, and further guidance provided by the Centers for Medicare and Medicaid Services, provide recommended reporting requirements for the state Medicaid agencies. The guidelines recognize existing data limitations from state to state and provide states with flexibility in meeting the reporting requirements.

Like most states, Illinois does not collect reimbursement rates from private health insurance companies. While the Illinois Department of Insurance is charged with regulating private insurance companies doing business in Illinois, their focus is largely centered on the financial solvency of companies. Specific reimbursement rates for medical services are neither collected nor mandated under state law and are generally viewed as confidential and proprietary to the company. In lieu of private sector rate comparisons, when available, Illinois has compared Medicaid rates against Illinois specific Medicare rates, as well as Medicaid rates from other states in Region V. However, we believe that rate comparisons alone are insufficient to effectively measure reasonable access to Medicaid services. While the availability of Medicare data provides the most complete comparison against Medicaid rates, such a direct comparison is misleading. As an 80/20 plan, 20% of any reimbursement rate must also be added before directly comparing to a Medicaid rate. Rather than any direct rate comparison, a more direct measure of access should consider the availability and use of Medicaid enrolled providers, as well as a client's ability to see quality providers who can address their health concerns when they need them. In addition to Medicare rate comparisons, Illinois has assessed Medicaid access by considering:

- Client satisfaction surveys changes over time
- The availability of providers and changes over time
- The utilization of services and changes over time

Through this process, Illinois measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access to care that is comparable to the general population.

Analysis of the data and information contained in this report shows that Illinois Medicaid beneficiaries have access to healthcare that is similar to that of the general population in Illinois. This conclusion is based on the overall findings regarding a general satisfaction of clients with their providers, a general increase in enrolled providers, and most importantly, consistent client belief that they are able access needed medical care. The Department does note clients' perception that the timeliness of accessing services has dropped from 2013 to 2015. While two points in time do not create a trend, it is an area that the Department will continue to monitor. However, the enrollment of providers remains strong. In addition, as federally required, the Department is implementing new public notice procedures that will solicit and consider provider concerns regarding any reduction in reimbursement rates.

During the 30 day comment period after publishing the Access Monitoring Review Plan on the Department's website, comments were received from five different entities. In general, the comments were directed toward the methodology used in the development of the Access Plans. The Department followed the template and guidance that was issued by the federal government when developing the Access Monitoring Review Plan. Where appropriate, additional information has been incorporated based on the comments received.

The Department has created a web site, <https://www.illinois.gov/hfs/info/AccessToCare/> for providers and beneficiaries to view the Access Plan and submit comments regarding access to care throughout the State. In addition, the Department has created a toll-free telephone number, 1-844-591-9053 that providers and beneficiaries can call to express any concerns regarding access to care. Information gathered from these mediums will be used in future access plans.

Illinois Medicaid Program and Beneficiary Population

Illinois is an above average size state, with a total population of 13 million. The State of Illinois Medicaid programs provide healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly, parents and other adults. The Illinois Department of Healthcare and Family Services (HFS) is the single state agency that administers the Medicaid program within the state. In State fiscal year 2015, the Illinois Medicaid program provided coverage to approximately three million enrolled beneficiaries with total expenditures of approximately \$17 billion. With 260 hospitals in Illinois and surrounding states and a large network of nearly 500 rural health clinics, federally qualified health centers, encounter rate clinics and hospital based clinics throughout Illinois, there are numerous options for Medicaid beneficiaries to receive healthcare.

The Medicaid program has seen significant changes in the covered populations in recent years. There has been a shift in coverage from FFS to Medicaid Managed Care resulting in approximately 50% of the three million beneficiaries enrolled in managed care by the end of state fiscal year 2015. In addition, due to the Affordable Care Act (ACA), the demographics of the beneficiary population have changed significantly, going from predominantly covering children to covering more adults. As seen in Figure 1, children under the age of 19 make up 42% of the covered population. Historically, the covered adult population was primarily female as seen in the 'Other Adults' and 'Seniors' category in Figure 2 while the children are split 50/50 between male and female. In contrast to the historical numbers, the newly eligible adult enrollment under the ACA has been more male than female. These changes in demographics will bring a change in the demand for the availability of different types of services moving forward.

Figure 1

**Illinois Medicaid Beneficiaries by Age Categories
as of 6/30/15**

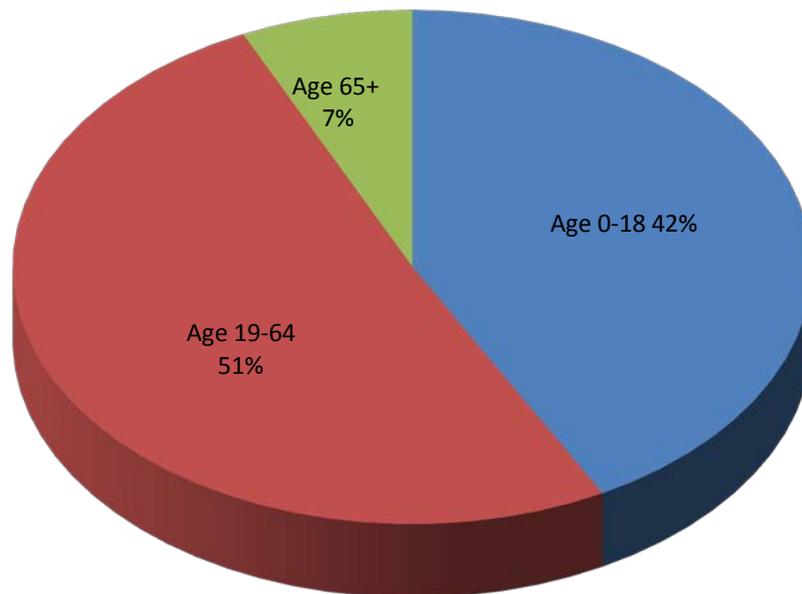
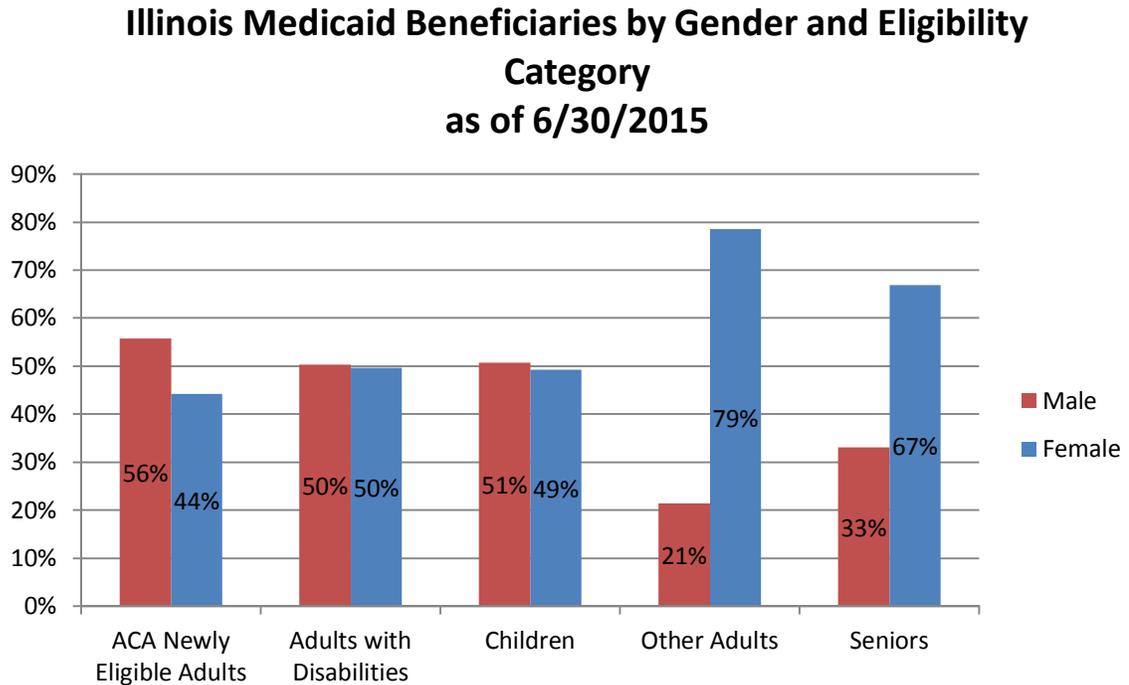


Figure 2

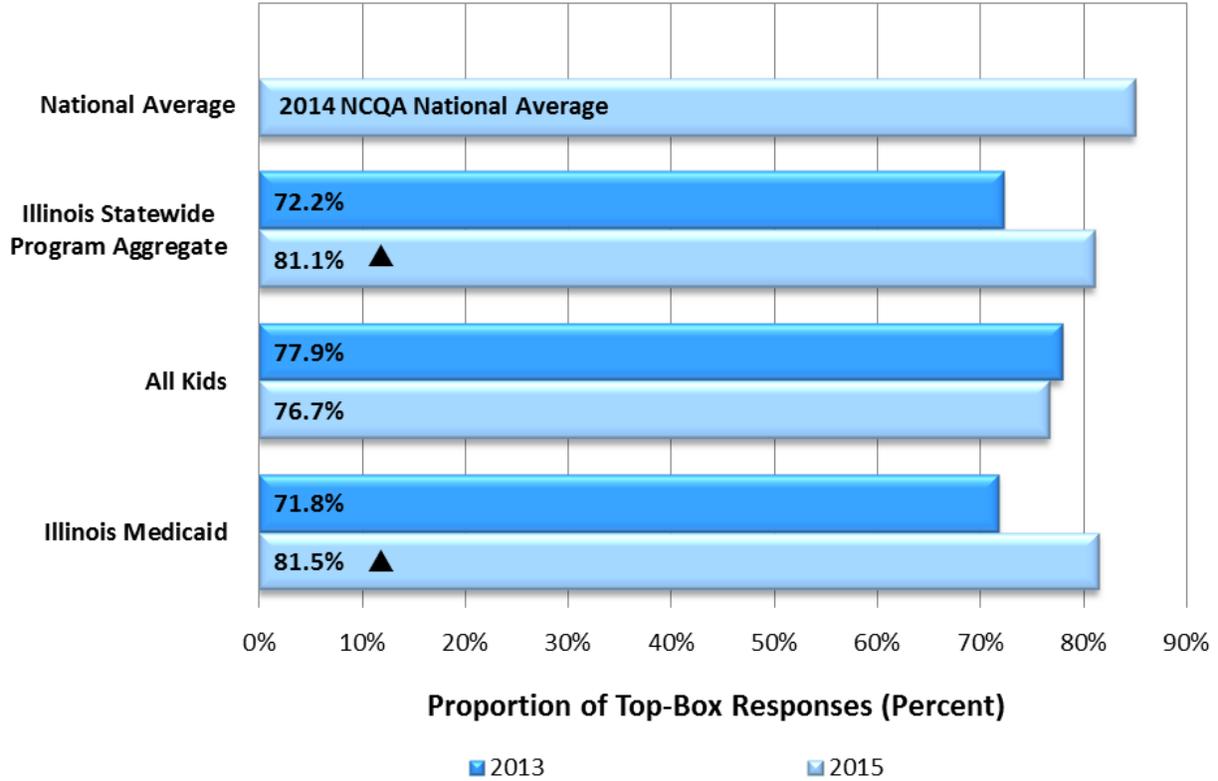


Beneficiary Perceptions of Access to Care

Illinois collects and analyzes the child Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys administered through CMS. Historically, Illinois only collects data based on children’s experience. In the charts below, “All Kids” refers to responses from those enrolled in Illinois’ Title XXI All Kids Share and Premium programs and “Illinois Medicaid” refers to those enrolled under Title XIX. Since the data is retrospective, it may not demonstrate current access, but it is an indicator for whether or not beneficiaries are able to access medical services when they are needed.

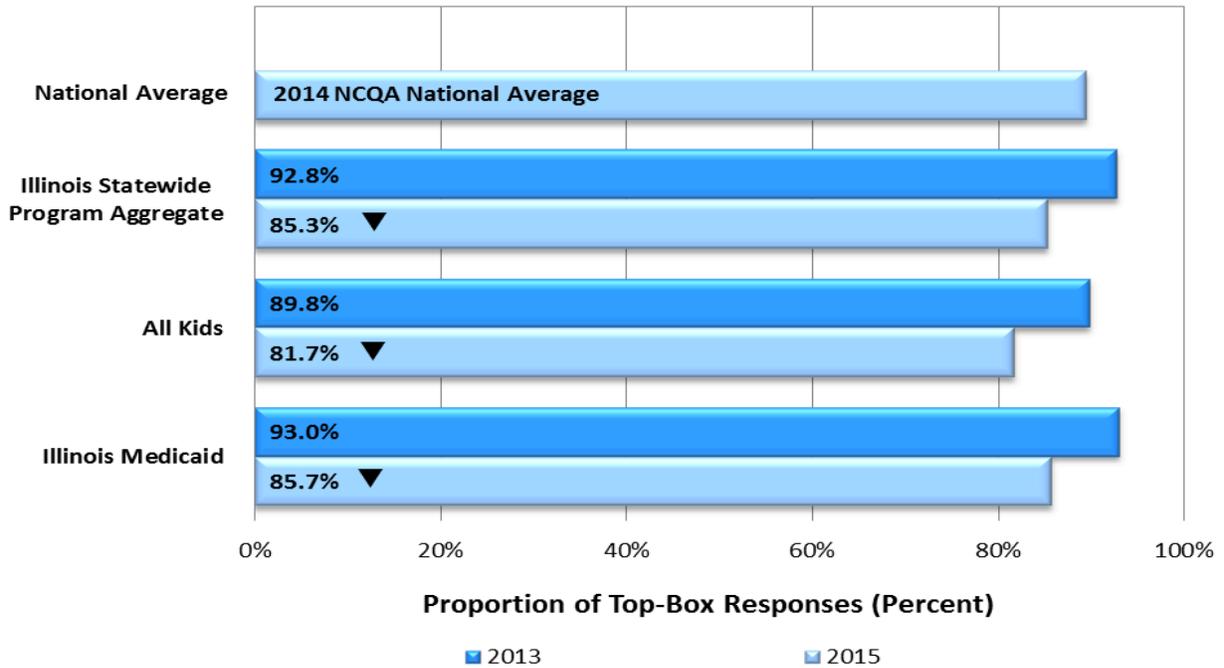
As shown in Figure 3, over 80% of Illinois Medicaid beneficiaries responded that they “usually or always” were able to access needed care in a timely manner, which is close to the national average. It should be noted that those percentages are on the rise as the 2013 survey results recorded 72% of respondents answered “usually or always” to the same question.

Figure 3: Getting Needed Care Top-Box Rates



Equally important is how quickly clients are able to see their providers. Such a comparison in Figure 4 showed client opinions to be higher than the national average in 2013, but dropping slightly below the national average in 2015. The chart represents the percentage of respondents that answered “Usually” or “Always” to questions of “how often do you get care as soon as it’s needed?” in situations where care is needed right away or for routine checkups.

Figure 4: Getting Timely Access Care Top-Box Rates



Beneficiary Hotline

In addition to these on-going surveys, Illinois operates a beneficiary call center as a service to beneficiaries and as a way to engage beneficiaries and assist them with their needs. The call center helps beneficiaries get answers to questions, change their Primary Care Provider (PCP), find specialists or other healthcare providers, file a complaint, report a new address or phone number and more. Each beneficiary receives a fact sheet upon enrollment which includes the toll-free number for the call center along with information about how to seek assistance if they have difficulty finding a provider or scheduling an appointment. The call center operates daily from 8am – 6pm and utilizes a messaging service after hours. Calls into the call center are recorded. On a monthly basis, a report is produced detailing the number of calls and the issues raised.

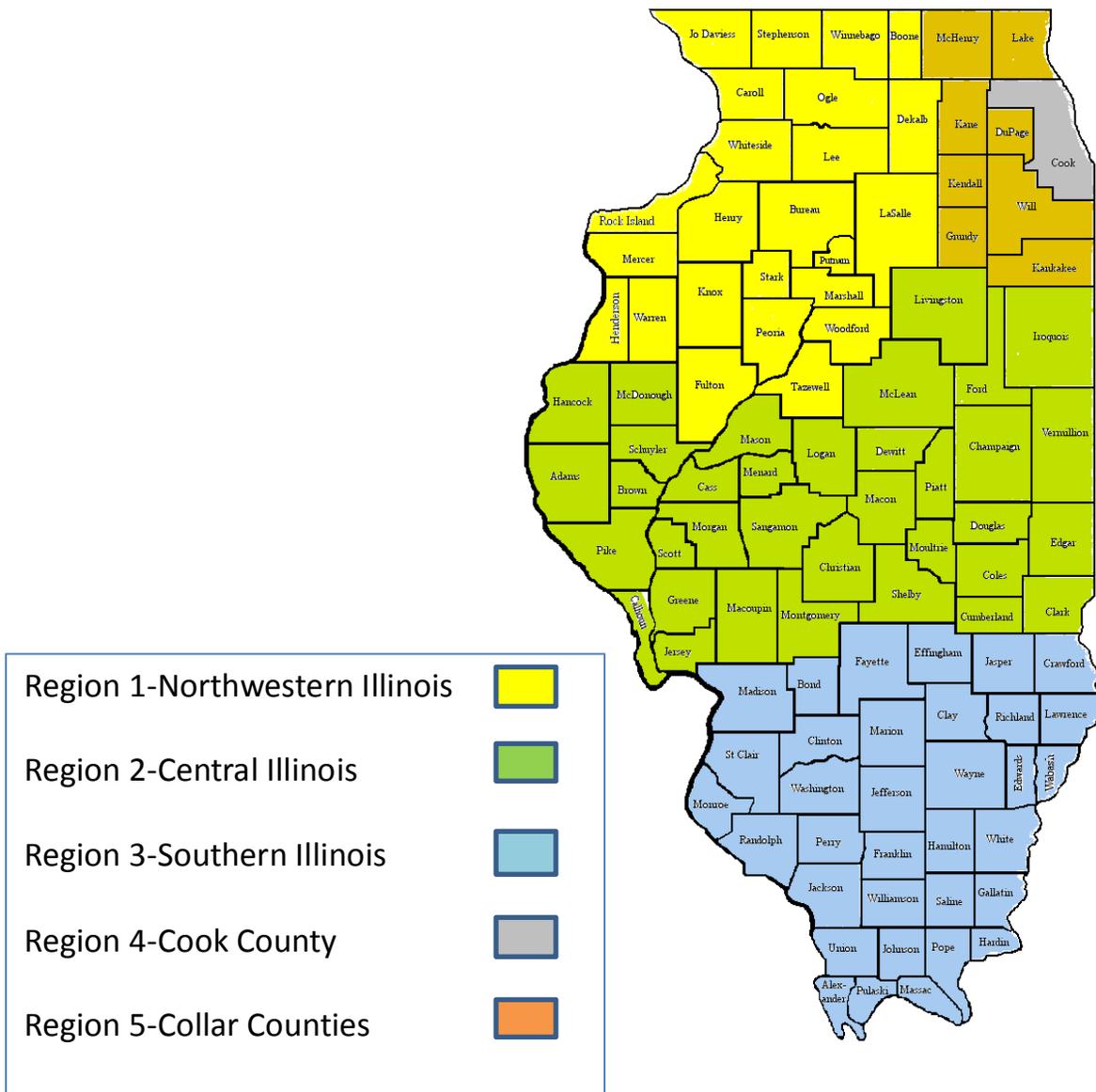
The majority of calls in which the beneficiary requests assistance with locating a provider are resolved immediately by call center staff.

Regional Definitions

For the purpose of closer analysis of access to care across the state of Illinois, the data presented in the Access Plans is compiled into the following five regions: Northwestern Illinois, Central Illinois, Southern Illinois, Cook County, and Collar Counties. The boundaries of these regions can be seen in Figure 4 below.

Figure 4

Illinois Regional Breakdown



Primary Care Services

Availability of Primary Care Providers

Statewide, there are over 8,700 primary care providers enrolled as physicians, clinics, and dentists with the Department to provide services under the Medicaid program. From 2013 to 2015, the overall statewide number of primary care providers has increased by 10%. Figure 5 below displays the number of providers enrolled by region of the state from state fiscal year 2013 through 2015 by geographic region. The increase in provider enrollment does not indicate access issues for primary care services.

Figure 5: Number of Enrolled Providers by Region

Providers	Region	2013	2014	2015
Physician	Northwest	595	604	605
	Central	488	480	480
	Southern	257	258	246
	Cook	2249	2235	2437
	Collar	1289	1321	1429
Clinics*	Northwest	40	42	39
	Central	114	117	117
	Southern	136	135	129
	Cook	155	158	163
	Collar	29	30	31
Dentists	Northwest	216	237	263
	Central	226	239	261
	Southern	172	183	199
	Cook	1470	1605	1702
	Collar	539	602	633

*Clinics include Rural Health Clinics, FQHC's, Encounter Rate Clinics, and Hospital based clinics. Provider count is not reflective of number of staff employed at the clinics, but rather the number of clinics.

Beneficiary Perceptions of Primary Care Services

One of the areas the CAHPS survey covers is the primary care providers. Parents or caretakers of children covered by Medical Assistance programs were asked to rate their child's personal doctor on a scale of 0 to 10, with 0 being the worst personal doctor possible and 10 being the best personal doctor possible. The top-level responses were defined as those responses with a rating of 9 or 10. As seen in Figure 6, 73% of beneficiaries were highly satisfied with their child's personal doctor, a rate comparable to the national average. For children with chronic

conditions, the rating of 9 or 10 of their personal doctor is a tick higher at 74%, slightly higher than the national average as see in Figure 7.

Figure 6: Rating of Personal Doctor Top-Box Rates

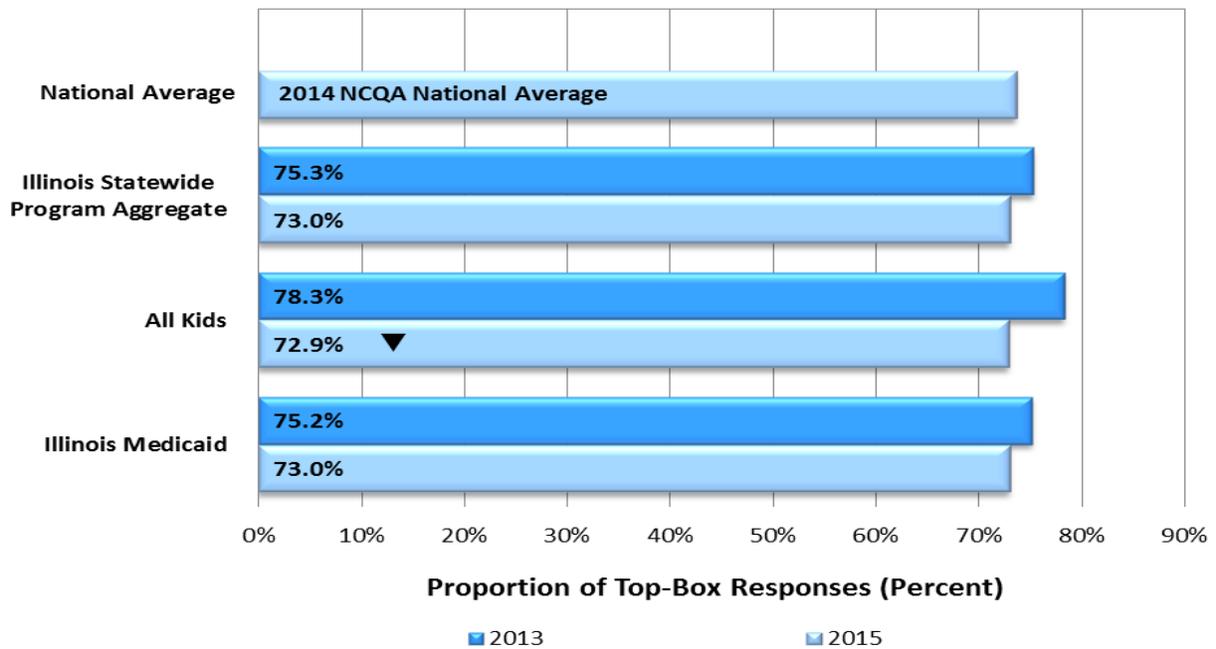
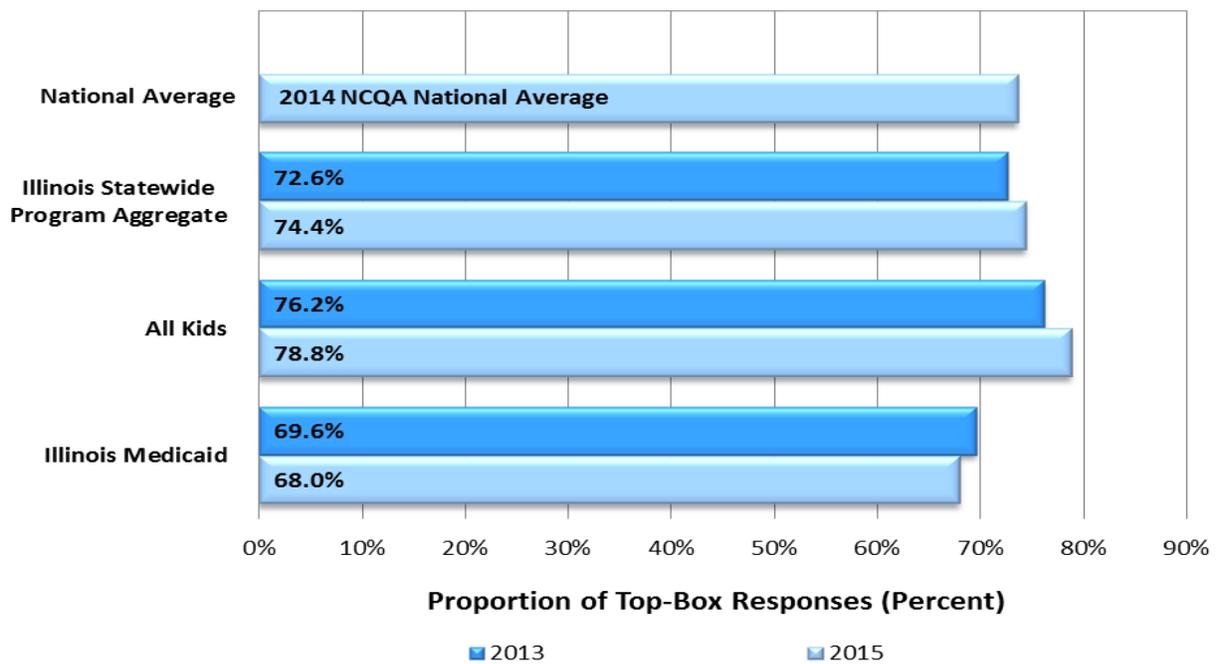


Figure 7: Rating of Personal Doctor Top-Box Rates for Patients with Chronic Conditions



Utilization Data for Primary Care Providers

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. Thus, the utilization numbers given in Figures 8 and 9 below reflect that transition as enrollment into managed care ramped up in 2014. It should be noted that while over 50% of enrollees have moved from FFS coverage to Managed Care from 2013 to 2015, the number of FFS patient visits as seen in Figure 8 has not dropped proportionately. This, as well as the increase in providers in Figure 5, can be attributed in part to the efforts of Managed Care companies to contract with providers that were not previously enrolled to provide services to Medicaid enrollees, thus broadening the Medicaid provider network. Figure 9 below shows the number of unique individuals that utilized services by type of provider within geographic regions. Dental visit data consists of initial or routine visits.

Figure 8: Number of Patient Visits by Region

Providers	Region	2013	2014	2015
Physician	Northwest	144,366	123,607	87,383
	Central	106,759	92,880	66,431
	Southern	83,085	73,279	47,443
	Cook	744,884	655,113	419,584
	Collar	365,043	338,462	211,545
Clinics*	Northwest	103,160	87,830	72,305
	Central	237,383	229,362	186,136
	Southern	289,899	257,946	253,102
	Cook	435,765	369,671	241,042
	Collar	101,343	100,761	66,368
Dentists	Northwest	84,594	94,104	71,457
	Central	73,053	71,486	61,868
	Southern	63,312	61,733	46,381
	Cook	664,301	643,539	494,655
	Collar	219,897	222,944	170,956

*Clinics include Rural Health Clinics, FQHC's, Encounter Rate Clinics, and Hospital based clinics.

Figure 9: Number of Unique Users by Region

Providers	Region	2013	2014	2015
Physician	Northwest	60,010	55,534	42,365
	Central	42,751	39,705	30,522
	Southern	30,140	28,605	19,689
	Cook	265,780	241,917	189,681
	Collar	135,431	130,392	98,850
Clinics*	Northwest	35,040	32,952	26,739
	Central	68,239	70,668	63,191
	Southern	84,597	82,561	76,811
	Cook	152,751	136,593	106,647
	Collar	37,850	39,291	31,638
Dentists	Northwest	68,769	74,676	62,221
	Central	57,289	54,971	51,014
	Southern	50,430	49,630	40,036
	Cook	466,655	448,991	391,073
	Collar	161,973	165,793	146,236

*Clinics include Rural Health Clinics, FOHC's, Encounter Rate Clinics, and Hospital based clinics.

In Figure 10 below, the visit per provider ratio is highest in 2013 across all three categories and in every region. This is primarily due to the movement of Illinois Medicaid clients moving from fee-for-service coverage to being covered by managed care entities as well as the increase in provider enrollment as seen in many instances in Figure 5 above. For clinics, the numbers represent the visits per clinic and the number of individual physicians or medical employees at the clinic is not reflected. None of the utilization data presented indicates any access to care issues for primary care services.

Figure 10: Number of Visits Per Provider by Region

Providers	Region	2013	2014	2015
Physician	Statewide	296	262	160
	Northwest	243	205	144
	Central	219	194	138
	Southern	323	284	193
	Cook	331	293	172
	Collar	283	256	148
Clinics*	Statewide	2400	2115	1665
	Northwest	2579	2091	1854
	Central	2082	1960	1591
	Southern	2132	1911	1962
	Cook	2811	2340	1479
	Collar	3495	3359	2141
Dentists	Statewide	421	382	276
	Northwest	392	397	272
	Central	323	299	236
	Southern	368	337	233
	Cook	452	401	291
	Collar	408	370	270

*Clinics include Rural Health Clinics, FQHC's, Encounter Rate Clinics, and Hospital based clinics. Clinic visits per provider are not reflective of the number of staff employed at the clinics, but rather the number of visits per clinic.

Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

In the state of Illinois, Medicare establishes four different rates by geographic location: East St. Louis, Suburban Chicago, Chicago, and Rest of Illinois. The data in Figure 11 compares the average Medicare rate across these four regions to the Illinois Medicaid rate and shows that for the most recent period (2015) Illinois' payment rates are approximately 54% of the existing Medicare rates for the adult and pediatric populations. This is consistent with a recent study by The Henry J. Kaiser Family Foundation where it lists Illinois at 53% of Medicare rates for primary care services for the year 2014. This study can be found at <http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/>. As seen in Figure 12, according to the study, Illinois is consistent with other states within CMS Region V. According to the website www.medicare.gov/coverage/dental-services.html, 'Medicare doesn't cover most dental care, dental procedures, or supplies, like cleanings, fillings, tooth extractions, dentures, denture plates, or other dental devices.' Therefore, a comparison of Illinois Medicaid dental rates to Medicare rates is not available for inclusion in Figure 11. The state has not experienced any changes in provider enrollment and availability or any changes in the beneficiaries' ability to access services due to the current Medicaid rates.

Figure 11: Illinois Medicaid Rates Compared to Medicare

HCPCS CODE	SHORT DESCRIPTION	AVERAGE MEDICARE Non-FAC. PRICE	MEDICAID STATE MAX	MEDICAID ADD-ON (CHILD)	MEDICAID ADD-ON (ADULT)	Total MEDICAID Rate	MEDICAID AS % OF MEDICARE
99201	Office/outpatient visit new	\$45.02	\$27.95	\$1.60	\$1.60	\$29.55	66%
99202	Office/outpatient visit new	\$76.81	\$32.00	\$1.60	\$1.60	\$33.60	44%
99203	Office/outpatient visit new	\$112.12	\$41.60	\$1.95	\$1.95	\$43.55	39%
99204	Office/outpatient visit new	\$171.12	\$66.40	\$3.25	\$3.25	\$69.65	41%
99205	Office/outpatient visit new	\$215.09	\$70.85	\$3.25	\$3.25	\$74.10	34%
99211	Office/outpatient visit est	\$20.14	\$12.30	\$0.58	\$0.58	\$12.88	64%
99212	Office/outpatient visit est	\$44.41	\$24.25	\$1.40	\$1.40	\$25.65	58%
99213	Office/outpatient visit est	\$74.82	\$28.35	\$18.21	\$18.21	\$46.56	62%
99214	Office/outpatient visit est	\$110.21	\$42.50	\$30.47	\$30.47	\$72.97	66%
99215	Office/outpatient visit est	\$148.98	\$48.00	\$1.95	\$1.95	\$49.95	34%
99341	Home visit new patient	\$57.23	\$27.95	\$8.86	\$8.86	\$36.81	64%
99342	Home visit new patient	\$82.38	\$37.40	\$16.23	\$16.23	\$53.63	65%
99343	Home visit new patient	\$135.39	\$54.90	\$31.38	\$31.38	\$86.28	64%
99344	Home visit new patient	\$189.42	\$70.55	\$42.78	\$42.78	\$113.33	60%
99345	Home visit new patient	\$229.94	\$85.55	\$50.85	\$50.85	\$136.40	59%
99347	Home visit est patient	\$57.58	\$24.25	\$11.56	\$11.56	\$35.81	62%
99348	Home visit est patient	\$87.60	\$31.30	\$22.82	\$22.82	\$54.12	62%
99349	Home visit est patient	\$133.21	\$47.50	\$31.43	\$31.43	\$78.93	59%
99350	Home visit est patient	\$185.11	\$68.85	\$41.29	\$41.29	\$110.14	60%
% of Medicare Using a State-wide Simple Average							54%

Figure 12: State Medicaid Rates as a Percentage of Medicare Rates in 2014

State	Primary Care
Illinois	0.53
Indiana	0.53
Michigan	0.44
Minnesota	0.71
Ohio	0.57
Wisconsin	0.58

Data sources: Medicaid provider enrollment system
Medicaid claims payment data (MMIS)
Results of CAHPS survey (access-related questions)
CMS.Gov Physician Fee Schedule
Illinois Medicaid Professional Fee Schedule
The Kaiser Family Foundation KFF.org
Medicare.gov

Physician Specialist Services

Availability of Physician Specialty Providers

The Department currently has over 120,000 enrolled providers that offer specialty services to those enrolled in Illinois' Medical Assistance programs throughout the state. While there are over 100 specialty categories ranging from internal medicine to neoplastic disorder, the Department selected the following five specialties for analysis based on significant levels of utilization: Anesthesiology, Cardiology, Endocrinology, Oncology, and Pediatrics.

As seen in Figure 13, the five specialties selected see a general increase in statewide provider enrollment from 2013 to 2015 ranging from a 3% increase in the number of Oncologists to a 16% increase in the number of Endocrinologists enrolled with the Department. Within each region, the enrollment numbers have either remained constant or seen increases. Neither of those trends indicates an access to care issue due to declining numbers of specialists enrolling with the Department.

Figure 13: Number of Active Enrolled Specialty Providers by Region

Specialty	Region	2013	2014	2015
Anesthesiology	Statewide	2,214	2,299	2,313
	Northwest	164	159	163
	Central	129	134	134
	Southern	72	67	72
	Cook	546	579	607
	Collar	646	669	669
Cardiology	Statewide	368	381	393
	Northwest	37	34	37
	Central	52	53	53
	Southern	22	24	27
	Cook	172	178	182
	Collar	85	92	94
Endocrinology	Statewide	171	187	198
	Northwest	9	10	11
	Central	21	23	22
	Southern	7	6	8
	Cook	91	100	108
	Collar	43	48	49
Oncology	Statewide	268	274	276
	Northwest	36	37	37
	Central	39	38	39
	Southern	14	16	15
	Cook	106	109	113
	Collar	73	74	72
Pediatrics	Statewide	2,294	2,386	2,522
	Northwest	195	208	214
	Central	163	173	176
	Southern	114	117	114
	Cook	1,223	1,270	1,374
	Collar	599	618	644

Beneficiary Perceptions of Access to Care for Specialty Services

One focal point of the Illinois CAHPS report is the quality of and access to the various specialty doctors across Illinois. Again, Illinois' CAHPS report is based on services provided to children and asks for the parents' or caretakers' opinion on the specialists that they have utilized. In Figure 14 below, parents were asked to rate their child's specialist that is most often seen with 0 being the "worst specialist possible" and 10 being the "best specialist possible." The 2015 results show the Illinois Statewide Program Aggregate response rate with a 9 or 10 was 69.2%. That is nearly identical to the 2014 NCQA national average of 70%. The chart also shows that the top box response rate has not moved significantly from the 2013 response rate of 70%.

Figure 15 displays the results of the questions regarding access to specialized services for children with chronic conditions. For this chart, the parents or caretakers were asked how often was it easy to get special medical equipment or devices, how often was it easy to get therapy, and how often was it easy to get this treatment or counseling for their children. The acceptable responses were "Never, Sometimes, Usually, and Always". The top-box response was defined as answering either "Usually or Always". In 2015, for the Illinois Statewide Program Aggregate, the top-box response rate was 67.9%, down slightly from the 69.3% in 2013 and 11% lower than the national average of 79%.

Figure 14: Ratings of Specialists Seen Most Often Top-Box Rates

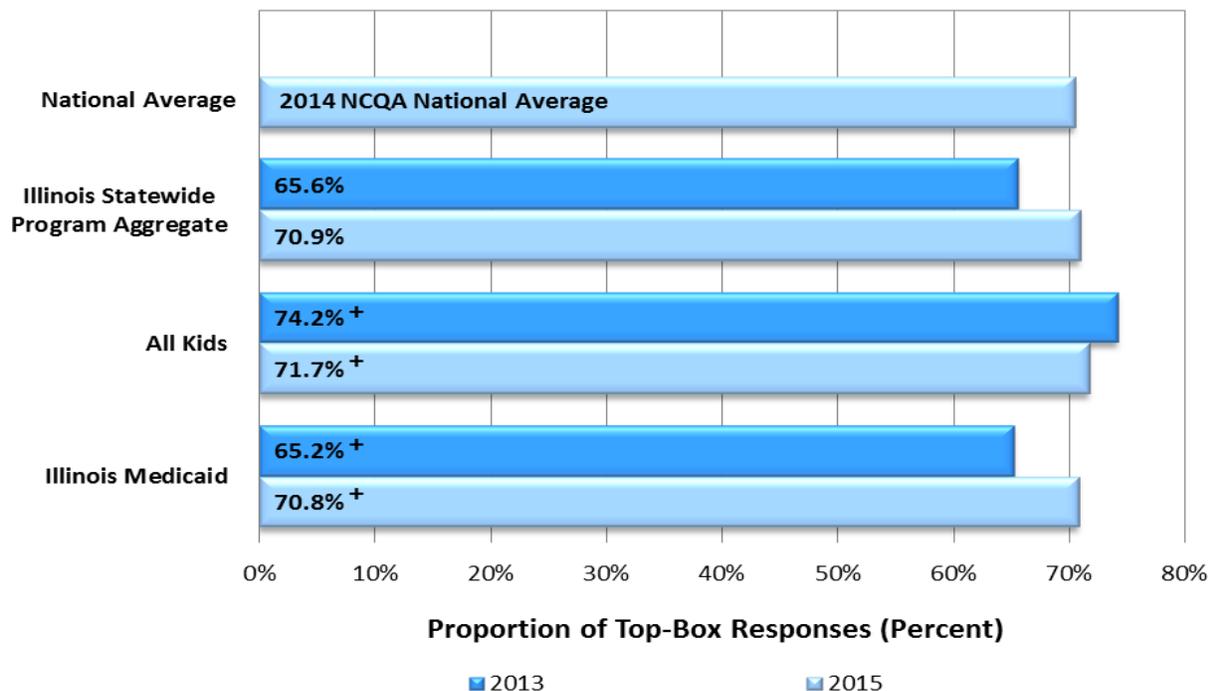
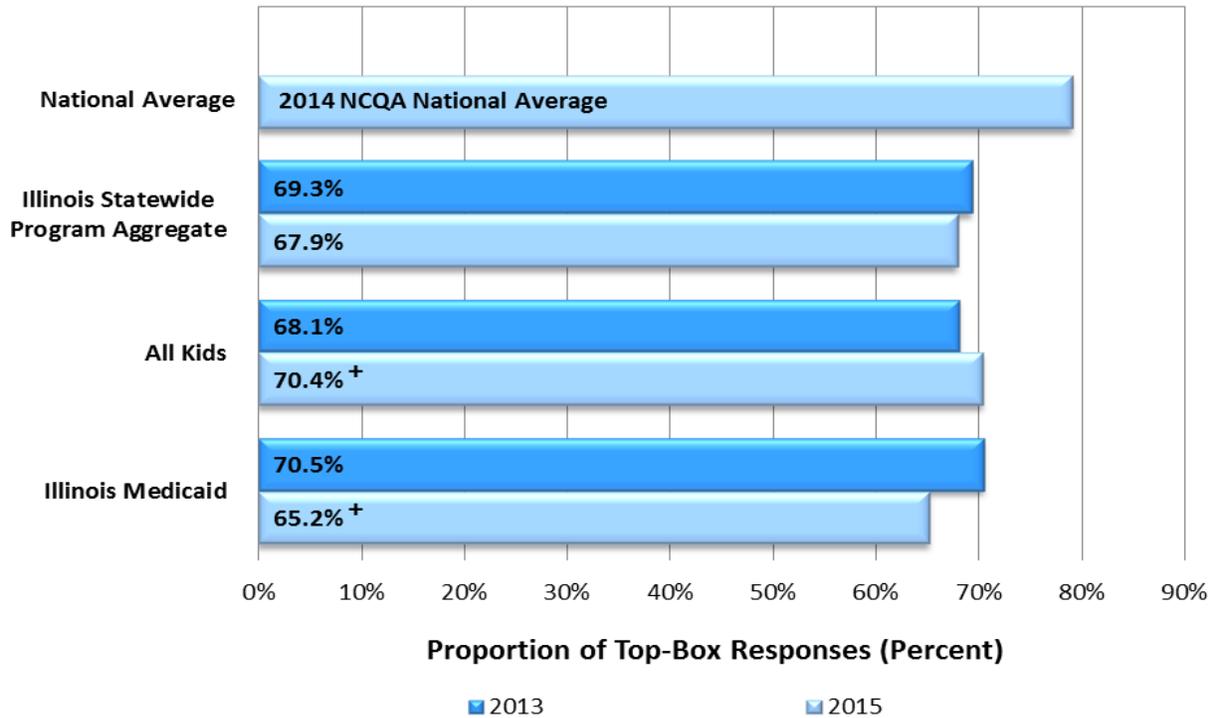


Figure 15: Access to Specialized Services Top-Box Rates



Utilization Data for Physician Specialist Providers

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. Thus, the utilization numbers given in Figures 16 and 17 below reflect that transition as enrollment into managed care ramped up in 2014. It should be noted that while over 50% of enrollees have moved from FFS coverage to Managed Care from 2013 to 2015, the number of FFS patient visits as seen in Figure 16 has not dropped proportionately. This, as well as the increase in providers in Figure 12, can be attributed in part to the efforts of Managed Care companies to contract with providers that were not previously enrolled to provide services to Medicaid enrollees, thus broadening the Medicaid provider network. Figure 17 below shows the number of unique individuals that utilized services by type of provider within geographic regions.

It should be noted that with the addition of the Affordable Care Act population in 2014, the demographics of the populations covered by the Illinois Medical Assistance programs changed significantly from being primarily children to a heavier mix of adult clients. Thus, the adult oriented specialty services such as cardiology sees an increase in unique users and patient visits in 2014. Pediatrics though sees the expected decrease in unique users and patient visits as the FFS population transitioned to managed care.

Figure 16: Number of Patient Visits for Physician Specialists by Region

Specialty	Region	2013	2014	2015
Anesthesiology	Statewide	348,914	348,140	317,185
	Northwest	42,386	39,320	36,450
	Central	42,373	40,180	36,155
	Southern	18,801	21,123	22,524
	Cook	131,378	128,974	117,088
	Collar	113,976	118,543	104,968
Cardiology	Statewide	307,821	318,496	309,342
	Northwest	24,560	27,565	27,908
	Central	42,168	41,345	38,361
	Southern	24,705	25,979	32,019
	Cook	141,579	148,393	146,885
	Collar	74,809	75,214	64,169
Endocrinology	Statewide	63,636	68,303	64,575
	Northwest	3,581	3,774	3,507
	Central	6,433	6,183	5,853
	Southern	5,349	3,531	2,378
	Cook	36,766	39,207	39,688
	Collar	11,507	15,608	13,149
Oncology	Statewide	139,824	131,541	119,339
	Northwest	20,153	19,586	19,185
	Central	31,363	27,107	23,194
	Southern	10,871	10,410	9,329
	Cook	45,183	45,575	39,906
	Collar	32,254	28,863	27,725
Pediatrics	Statewide	8,669,500	8,102,638	5,722,899
	Northwest	831,629	765,106	492,466
	Central	693,773	669,289	454,443
	Southern	525,657	501,799	282,075
	Cook	4,134,539	3,819,880	3,025,079
	Collar	2,483,902	2,346,564	1,468,836

Figure 17: Number of Unique Users of Physician Specialists by Region

Specialty	Region	2013	2014	2015
Anesthesiology	Statewide	215,592	217,940	200,373
	Northwest	27,789	26,103	23,903
	Central	28,134	26,815	24,143
	Southern	11,867	12,937	12,722
	Cook	72,216	75,444	72,983
	Collar	75,586	76,641	66,622
Cardiology	Statewide	121,279	127,340	130,312
	Northwest	11,639	12,799	13,396
	Central	16,965	17,644	17,179
	Southern	10,373	11,542	13,329
	Cook	54,909	56,782	59,431
	Collar	27,393	28,573	26,977
Endocrinology	Statewide	24,299	27,010	28,982
	Northwest	1,516	1,781	1,620
	Central	2,832	3,002	2,898
	Southern	1,763	1,614	1,442
	Cook	13,051	14,653	17,369
	Collar	5,137	5,960	5,653
Oncology	Statewide	26,024	25,846	25,607
	Northwest	3,395	3,384	3,618
	Central	4,033	3,912	3,673
	Southern	2,161	2,193	2,162
	Cook	10,316	10,329	10,343
	Collar	6,119	6,028	5,811
Pediatrics	Statewide	893,995	878,373	846,674
	Northwest	88,420	88,736	84,901
	Central	75,845	73,962	70,185
	Southern	56,968	56,867	51,790
	Cook	424,008	417,238	412,353
	Collar	248,754	241,570	227,445

In Figure 18 below, statewide ratios of visits per provider have decreased from 2013 to 2015 and for most regions the ratio is highest in 2013 across all five specialties. The exceptions are anesthesiologists in the southern region, which has seen a 20% increase and cardiologists in the northwest and southern regions, with increases of 13% and 5% respectively. These increases are due to the influx of adults into the Medical Assistance programs due to the ACA and will be areas that the Department will monitor moving forward. In all other specialist/region combinations, like the statewide numbers, the ratio decreases from 2013 to 2015. This is

primarily due to the movement of Illinois Medicaid clients moving from fee-for-service coverage to being covered by managed care entities as well as the increase in provider enrollment across the board as seen in Figure 12 above. The utilization data displays a couple areas that need monitoring in the future but in total, does not indicate access to care issues for specialty services at this time.

Figure 18: Number of Physician Specialist Visits per Provider by Region

Specialty	Region	2013	2014	2015
Anesthesiology	Statewide	224	217	193
	Northwest	258	247	224
	Central	328	300	270
	Southern	261	315	313
	Cook	241	223	193
	Collar	176	177	157
Cardiology	Statewide	836	836	787
	Northwest	664	811	754
	Central	811	780	724
	Southern	1123	1082	1186
	Cook	823	834	807
	Collar	880	818	683
Endocrinology	Statewide	372	365	326
	Northwest	398	377	319
	Central	306	269	266
	Southern	764	589	297
	Cook	404	392	367
	Collar	268	325	268
Oncology	Statewide	522	480	432
	Northwest	560	529	519
	Central	804	713	595
	Southern	777	651	622
	Cook	426	418	353
	Collar	442	390	385
Pediatrics	Statewide	3779	3396	2269
	Northwest	4265	3678	2301
	Central	4256	3869	2582
	Southern	4611	4289	2474
	Cook	3381	3008	2202
	Collar	4147	3797	2281

Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

In the state of Illinois, Medicare establishes four different rates by geographic location: East St. Louis, Suburban Chicago, Chicago, and Rest of Illinois. The data in Figure 19 compares the average Medicare rate across these four regions to the Illinois Medicaid rate and shows that for the most recent period (2015) Illinois' payment rates are approximately 67% of the existing Medicare rates for the adult and pediatric populations for some of the more frequently billed procedure codes. In addition, the rate comparison in Figure 11 for the primary care physicians is applicable to the office visit reimbursement of specialists.

Figure 19: Illinois Medicaid Rates Compared to Medicare

HCPCS CODE	SHORT DESCRIPTION	AVERAGE MEDICARE Non-FAC. PRICE	MEDICAID STATE MAX	MEDICAID ADD-ON (CHILD)	MEDICAID ADD-ON (ADULT)	Total MEDICAID Rate	MEDICAID AS % OF MEDICARE
36620	Insertion catheter artery	\$55.30	\$37.40			\$37.40	67.64%
62311	Inject spine lumbar/sacral	\$227.55	\$86.00			\$86.00	37.79%
93000	Electrocardiogram complete	\$17.57	\$22.15			\$22.15	126.10%
93010	Electrocardiogram report	\$8.85	\$11.05			\$11.05	124.82%
93016	Cardiovascular stress test	\$23.08	\$21.60			\$21.60	93.59%
93018	Cardiovascular stress test	\$14.95	\$22.15			\$22.15	148.19%
93306	Tte w/doppler complete	\$65.77	\$91.00			\$91.00	138.37%
93306	Tte w/doppler complete	\$163.67	\$91.00			\$91.00	55.60%
93306	Tte w/doppler complete	\$229.44	\$91.00			\$91.00	39.66%
96367	Tx/proph/dg addl seq iv inf	\$30.98	\$19.11			\$19.11	61.69%
96372	Ther/proph/diag inj sc/im	\$25.42	\$9.81			\$9.81	38.60%
96413	Chemo iv infusion 1 hr	\$136.54	\$25.40			\$25.40	18.60%
99204	Office/outpatient visit new	\$171.12	\$66.40	\$3.25	\$3.25	\$69.65	40.70%
99212	Office/outpatient visit est	\$44.41	\$24.25	\$1.40	\$1.40	\$25.65	57.76%
99213	Office/outpatient visit est	\$74.82	\$28.35	\$18.21	\$18.21	\$46.56	62.23%
99214	Office/outpatient visit est	\$110.21	\$42.50	\$30.47	\$30.47	\$72.97	66.21%
99215	Office/outpatient visit est	\$148.98	\$48.00	\$1.95	\$1.95	\$49.95	33.53%
99223	Subsequent hospital care	\$108.47	\$69.00			\$69.00	63.61%
99232	Subsequent hospital care	\$74.97	\$24.90			\$24.90	33.21%
99233	Subsequent hospital care	\$108.47	\$35.05			\$35.05	32.31%
% of Medicare Using a State-wide Simple Average							67%

Data sources: Medicaid provider enrollment system
Medicaid claims payment data (MMIS)
Results of CAHPS survey (access-related questions)
CMS.Gov Physician Fee Schedule
Illinois Medicaid Professional Fee Schedule

Home Health Services

Availability of Home Health Services Providers

Throughout the state, home health agencies are the primary provider of home health services. In some areas of the state, certified local public health departments and community health agencies also have provided home health services from 2013 to 2015. According to the enrollment data in Figure 20, the number of certified local public health departments and community health agencies that are providing home health services has primarily remained flat over the three year period while the number of enrolled home health agencies providing home health services has decreased slightly. By diving deeper into the enrollment numbers by region, the larger decline is occurring in the northwest and cook regions with gains in the collar region. This decline in the number of active providers alone does not signal an access to care issue but should be monitored if utilization numbers are trending upwards at the same time. Utilization data is discussed later in this section.

Figure 20: Number of Active Enrolled Home Health Services Providers by Region

Provider Type	Region	2013	2014	2015
Certified Local Public Health Department	Statewide	20	19	18
	Northwest	4	4	2
	Central	9	8	7
	Southern	7	6	7
	Collar	0	1	2
Community Health Agencies	Statewide	5	5	5
	Northwest	1	1	1
	Central	1	1	1
	Collar	3	3	3
Home Health Agencies	Statewide	248	271	238
	Northwest	39	35	34
	Central	24	25	21
	Southern	28	27	26
	Cook	103	115	97
	Collar	54	69	60

Beneficiary perceptions of access to care for home health services

The Illinois CAHPS report does not focus on home health services. According to the June 2016 Specialist and PCP Search Report from the beneficiary hotline, less than 1% of calls were for in-home care. During the 30 day comment period after publishing the State’s Access Plans, there were no comments submitted to the Department in regards to access issues specific to home health services.

Utilization Data for Home Health Services

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. Thus, the utilization numbers given in Figures 21 and 22 below reflect that transition as enrollment into managed care ramped up in 2014. It should be noted that while over 50% of enrollees have moved from FFS coverage to Managed Care from 2013 to 2015, the number of FFS patient visits as seen in Figure 21 has not dropped proportionately. The Community Health Agencies have only seen a 10% reduction in visits statewide while the Home

Health Agencies, the primary supplier of these services, has seen a 40% reduction, signaling that those remaining in FFS have greater access to these services.

Figure 21 below shows the number of unique individuals that utilized services by type of provider within geographic regions. Note that in Figures 21 and 22, the utilization data for Certified Local Public Health Departments for the Collar region has been removed due to the low numbers of individuals utilizing those providers to safeguard against publishing potentially identifiable information.

Figure 21: Number of Patient Visits for Home Health Services by Region

Provider Type	Region	2013	2014	2015
Certified Local Public Health Department	Statewide	860	423	476
	Northwest	101	53	10
	Central	310	135	176
	Southern	449	235	290
Community Health Agencies	Statewide	6815	5706	6102
	Northwest	2505	2744	2407
	Central	141	199	104
	Collar	4169	2763	3591
Home Health Agencies	Statewide	65631	58845	38711
	Northwest	9110	7031	5451
	Central	7555	5044	3495
	Southern	7763	5494	4795
	Cook	26661	26999	15709
	Collar	14542	14277	9261

Figure 22: Number of Unique Users of Home Health Services by Region

Provider Type	Region	2013	2014	2015
Certified Local Public Health Department	Statewide	279	133	142
	Northwest	55	23	5
	Central	102	49	54
	Southern	122	61	83
Community Health Agencies	Statewide	911	754	699
	Northwest	526	457	432
	Central	35	44	35
	Collar	350	253	232
Home Health Agencies	Statewide	13606	13055	9553
	Northwest	2172	1870	1504
	Central	1955	1485	1217
	Southern	1915	1304	1181
	Cook	3906	4634	2963
	Collar	3658	3762	2688

As noted in the ‘Availability of Home Health Services Providers’ section of this report, the decrease in active, enrolled home health services providers could be a signal of access to care issues if it was accompanied with higher utilizations numbers. As seen in Figures 21 and 22 above, that is not the case as FFS utilization has dropped with the movement to managed care. In fact, the number of home health services visits per provider has decreased in every region of the state for each provider type listed in Figure 23. Home Health Agencies and Community Health Agencies have seen a decrease of 38% and 10% respectively. This data does not signal any access to care issues for home health services.

Figure 23: Number of Visits per Home Health Services Provider by Region

Provider Type	Region	2013	2014	2015
Certified Local Public Health Department	Statewide	43	22	27
	Northwest	25	13	5
	Central	34	17	25
	Southern	64	39	41
Community Health Agencies	Statewide	1363	1141	1220
	Northwest	2505	2744	2407
	Central	141	199	104
	Collar	1390	921	1197
Home Health Agencies	Statewide	265	217	163
	Northwest	234	201	160
	Central	315	202	166
	Southern	277	203	184
	Cook	259	235	162
	Collar	269	207	154

Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

In the state of Illinois, Medicare establishes four different rates by geographic location: East St. Louis, Suburban Chicago, Chicago, and Rest of Illinois. The data in Figure 24 compares the average Medicare rate across these four regions for commonly billed procedure codes to the Illinois Medicaid rate and shows that for the most recent period (2015) Illinois’ payment rates range from 44% to 114% of Medicare rates with a simple average across the comparable rates of 69%.

Figure 24: Illinois Medicaid Rates Compared to Medicare

HCPCS CODE	SHORT DESCRIPTION	AVERAGE MEDICARE Non-FAC. PRICE	MEDICAID STATE MAX	MEDICAID ADD-ON (CHILD)	MEDICAID ADD-ON (ADULT)	Total MEDICAID Rate	MEDICAID AS % OF MEDICARE
92507	Speech/hearing therapy	\$80.93	\$36.00			\$36.00	46.49%
97001	Pt evaluation	\$76.96	\$36.00			\$36.00	48.97%
97003	Ot evaluation	\$86.48	\$36.00			\$36.00	43.74%
97110	Therapeutic exercises	\$32.95	\$36.00			\$36.00	114.91%
97530	Therapeutic activities	\$35.15	\$36.00			\$36.00	107.62%
% of Medicare Using a State-wide Simple Average							69%

Data sources: Medicaid provider enrollment system
 Medicaid claims payment data (MMIS)
 Results of CAHPS survey (access-related questions)
 CMS.Gov Physician Fee Schedule
 Illinois Medicaid Professional Fee Schedule

Behavioral Health Services

Availability of Behavioral Health Services Providers

Behavioral health encompasses both, psychiatric services and services to treat substance abuse. There are various different types of providers across the State of Illinois that offer behavioral health services covered by the Illinois Medical Assistance programs including Community Mental Health Centers, physicians, general hospitals as well as hospitals with psychiatric units and those devoted exclusively to psychiatric treatment, Department of Alcohol and Substance Abuse (DASA) providers, and providers whose services are covered under waiver programs. Figure 25 below shows the number of providers that administered behavior health services by the type of provider and by the region of the state. For each provider type, the number of providers remains stable or increases from 2013 to 2015.

Figure 25: Enrolled Providers Providing Behavioral Health Services by Region

Provider Type	Region	2013	2014	2015
Community Mental Health Provider	Statewide	752	739	796
	Northwest	103	102	109
	Central	119	119	118
	Southern	132	127	136
	Cook	268	270	292
	Collar	130	121	141
DASA	Statewide	255	261	284
	Northwest	40	40	44
	Central	48	50	54
	Southern	44	40	44
	Cook	84	90	104
	Collar	39	41	38
Hospitals	Statewide	168	171	184
	Northwest	28	24	26
	Central	20	23	26
	Southern	31	24	27
	Cook	63	70	74
	Collar	26	30	31
Physicians	Statewide	901	899	903
	Northwest	87	79	76
	Central	90	93	101
	Southern	40	45	41
	Cook	452	448	445
	Collar	232	234	240
Waiver Services Providers	Statewide	267	321	350
	Northwest	25	31	30
	Central	14	17	19
	Southern	25	33	35
	Cook	141	166	192
	Collar	62	74	74

Beneficiary Perceptions of Access to Care for Behavioral Health Services

The Illinois CAHPS report does not focus on behavioral health services. According to the June 2016 Specialist and PCP Search Report from the beneficiary hotline, 11% of calls were behavioral health related. During the 30 day comment period after publishing the State's Access Plans, the comments received for the behavioral health access plan were not related to any specific access issues.

Utilization Data for Behavioral Health Services

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. There has not, however, been a sizeable reduction to the FFS utilization of these services from 2013 to 2015 as seen in Figure 26 below. In fact, while utilization of hospitals and physicians have seen decreases in utilization, DASA providers and Waiver Services providers have seen an increase with Community Mental Health provider utilization remaining fairly flat from 2014 to 2015 and slightly decreasing from 2013 to 2015. The same trends hold true for the number of unique users of each provider type in Figure 27.

Figure 26: Number of Behavioral Health Related Patient Visits by Provider Type and Region

Provider Type	Region	2013	2014	2015
Community Mental Health Provider	Statewide	3,579,675	3,330,525	3,352,479
	Northwest	593,542	515,186	507,308
	Central	519,100	483,964	481,500
	Southern	532,295	515,016	516,783
	Cook	1,398,799	1,345,706	1,353,237
	Collar	535,939	470,653	493,651
DASA	Statewide	402,467	402,805	421,495
	Northwest	45,541	47,659	59,976
	Central	81,159	82,132	95,404
	Southern	55,591	56,914	60,727
	Cook	172,800	173,094	159,856
	Collar	47,376	43,006	45,532
Hospitals	Statewide	297,808	230,666	166,312
	Northwest	40,922	34,358	28,708
	Central	12,389	10,462	8,574
	Southern	14,638	8,331	5,029
	Cook	217,466	165,293	113,712
	Collar	12,393	12,222	10,289
Physicians	Statewide	699,572	619,465	497,287
	Northwest	46,719	40,408	33,524
	Central	70,507	68,090	66,761
	Southern	34,171	35,495	33,245
	Cook	381,116	332,641	247,506
	Collar	167,059	142,831	116,251
Waiver Services Providers	Statewide	224,791	252,877	308,539
	Northwest	5,505	6,234	7,347
	Central	9,750	11,208	11,084
	Southern	15,844	19,355	25,958
	Cook	137,398	151,660	200,442
	Collar	56,294	64,420	63,708

Figure 27: Number of Unique Users of Behavioral Health Services by Region

Provider Type	Region	2013	2014	2015
Community Mental Health Provider	Statewide	160,448	160,976	159,685
	Northwest	30,595	31,259	28,739
	Central	28,000	27,362	29,488
	Southern	24,347	25,259	25,257
	Cook	54,513	54,736	54,124
	Collar	22,993	22,360	22,077
DASA	Statewide	21,066	22,853	28,521
	Northwest	4,125	4,502	5,435
	Central	3,512	3,932	5,506
	Southern	3,052	3,441	4,481
	Cook	7,518	8,233	9,639
	Collar	2,859	2,745	3,460
Hospitals	Statewide	73,304	63,701	55,604
	Northwest	8,828	8,312	7,987
	Central	6,253	5,463	5,222
	Southern	5,551	4,213	3,235
	Cook	45,569	39,229	33,475
	Collar	7,103	6,484	5,685
Physicians	Statewide	146,614	140,501	134,551
	Northwest	11,634	10,872	10,617
	Central	18,627	20,170	20,301
	Southern	9,574	10,122	10,434
	Cook	67,089	62,058	57,251
	Collar	39,690	37,279	35,948
Waiver Services Providers	Statewide	6,518	7,467	7,948
	Northwest	494	482	483
	Central	461	542	682
	Southern	574	715	829
	Cook	3,236	3,742	4,005
	Collar	1,753	1,986	1,949

Figure 28 presents that while some increases in utilization in certain provider types was seen above, the number of visits per provider decreases from 2013 to 2015 in every region of the state except for Waiver Services providers which saw a decrease from 2013 to 2014 but an increase in 2015. While this increase is only 5% statewide, there were regional increases of 11% in the Northwest region, 17% in the Southern region, and 7% in the Cook region. There has been an increase in the number of Waiver Services providers as seen in Figure 25 to correlate

with the higher demand for services, but the Department should monitor these percentages moving forward. Across the other provider types, the data does not indicate access to care issues as either there has been an increase in enrolled providers or a decrease in FFS utilization that has led to lower visits per provider.

Figure 28: Number of Visits per Behavioral Health Provider by Provider Type and Region

Provider Type	Region	2013	2014	2015
Community Mental Health Provider	Statewide	4,760	4,507	4,212
	Northwest	5,763	5,051	4,654
	Central	4,362	4,067	4,081
	Southern	4,033	4,055	3,800
	Cook	5,219	4,984	4,634
	Collar	4,123	3,890	3,501
DASA	Statewide	1,578	1,543	1,484
	Northwest	1,139	1,191	1,363
	Central	1,691	1,643	1,767
	Southern	1,263	1,423	1,380
	Cook	2,057	1,923	1,537
	Collar	1,215	1,049	1,198
Hospitals	Statewide	1,773	1,349	904
	Northwest	1,462	1,432	1,104
	Central	619	455	330
	Southern	472	347	186
	Cook	3,452	2,361	1,537
	Collar	477	407	332
Physicians	Statewide	776	689	551
	Northwest	537	511	441
	Central	783	732	661
	Southern	854	789	811
	Cook	843	743	556
	Collar	720	610	484
Waiver Services Providers	Statewide	842	788	882
	Northwest	220	201	245
	Central	696	659	583
	Southern	634	587	742
	Cook	974	914	1,044
	Collar	908	871	861

Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

Illinois mental health rates are not easily comparable to Medicare. As shown above, mental health services are provided by a wide range of providers, including hospitals and physicians. Primary care and specialty care services are already analyzed in this report. However, the majority of mental health services are provided in a community setting which is reimbursed through Illinois specific service definitions that are not comparable to Medicare.

Data sources: Medicaid provider enrollment system
Medicaid claims payment data (MMIS)
Results of CAHPS survey (access-related questions)
CMS.Gov Physician Fee Schedule
Illinois Medicaid Professional Fee Schedule

Obstetrical Services

Availability of Obstetrical Services Providers

The Illinois Medical Assistance programs provide coverage for obstetrical services to women throughout the state to ensure the health and well-being of both the mother and the child. These services include pre-natal, delivery, and post-partum care. The most direct indicator of access to obstetric care would be seen in the number of physicians enrolled with the Department with the specialty of Obstetric-Gynecology (OB-GYN). However, other types of providers do provide obstetrical care including Federally Qualified Health Centers, Rural Health Centers, and other general physicians. Figure 29 below relays the number of enrolled obstetricians by region and Figure 30 displays the number of providers in each region that provide prenatal and postpartum services. Note that in Figure 30, the number of physicians includes those enrolled as OB-GYN's in Figure 29 but also includes non-OB-GYN specialty physicians. As seen in the charts, the OB-GYN enrollment numbers have held relatively steady or increased slightly in all regions as has the number of providers that have provided prenatal and postnatal services.

Figure 29: Enrolled OB-GYN Specialty Physicians by Region

Provider Type	Region	2013	2014	2015
Obstetric-Gynecology	Statewide	1,415	1,439	1,499
	Northwest	139	142	151
	Central	137	144	148
	Southern	90	90	93
	Cook	683	700	737
	Collar	366	363	370

Figure 30: Number of Providers Billing Prenatal and Postpartum Services by Type and Region

Provider Type	Region	2013	2014	2015
Federally Qualified Health Centers	Statewide	92	77	83
	Northwest	4	4	5
	Central	1	1	1
	Southern	7	8	6
	Cook	66	52	56
	Collar	14	12	15
Rural Health Centers	Statewide	13	12	12
	Central	7	6	6
	Southern	6	6	6
Physicians	Statewide	1682	1677	1719
	Northwest	184	176	177
	Central	155	157	163
	Southern	100	96	97
	Cook	826	833	867
	Collar	417	415	415

Beneficiary Perceptions of Access to Care for Obstetrical Services

As the Illinois CAHPS survey is dedicated to children, it does not address obstetrical care. From the month of June 2016, only 7% of calls fielded by the Department’s beneficiary help line were to locate an OB-GYN. During the 30 day comment period after publishing the State’s Access Plans, there were no comments submitted to the Department in regards to access issues specific to OB-GYN services.

Utilization Data for Obstetrical Services

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. Thus, the utilization numbers given in the Figures below reflect that transition as enrollment into managed care ramped up in 2014. It should be noted that while over 50% of enrollees have moved from FFS coverage to Managed Care from 2013 to 2015, the number of FFS patient visits as seen in the Figures below have not dropped proportionately, which can indicate a better access to care for FFS individuals. Figures 31 through 33 pertain to utilization of OB-GYNs and show that as the number of FFS users and visits decline, the visits per provider decline as well across all regions. The same results are seen in Figures 34 through 36 pertaining to utilization of prenatal and postpartum providers. In some instances, low volume numbers have been removed to protect against any potentially identifiable information.

Figure 31: Patient Visits to OB-GYN Specialty Physicians by Region

Provider Type	Region	2013	2014	2015
Obstetric-Gynecology	Statewide	1,202,773	1,078,438	875,021
	Northwest	166,751	155,301	129,607
	Central	169,790	150,866	116,309
	Southern	98,605	93,915	84,391
	Cook	514,798	471,607	382,493
	Collar	252,829	206,749	162,221

Figure 32: Unique Users of OB-GYN Specialty Physicians by Region

Provider Type	Region	2013	2014	2015
Obstetric-Gynecology	Statewide	276,817	253,919	233,095
	Northwest	34,626	34,804	31,310
	Central	34,808	32,318	28,006
	Southern	25,706	24,787	24,342
	Cook	122,510	110,298	102,832
	Collar	59,167	51,712	46,605

Figure 33: Patient Visits per OB-GYN Specialty Physician by Region

Provider Type	Region	2013	2014	2015
Obstetric-Gynecology	Statewide	850	749	584
	Northwest	1,200	1,094	858
	Central	1,239	1,048	786
	Southern	1,096	1,044	907
	Cook	754	674	519
	Collar	691	570	438

Figure 34: Patient Visits to Providers of Prenatal and Postpartum Care by Type and Region

Provider Type	Region	2013	2014	2015
Federally Qualified Health Centers	Statewide	5649	4451	3282
	Northwest	553	424	199
	Central	-	-	-
	Southern	158	141	121
	Cook	2740	2273	2114
	Collar	2198	1613	848
Rural Health Centers	Statewide	296	284	181
	Central	27	23	19
	Southern	269	261	162
Physicians	Statewide	1,250,374	1,122,322	910,654
	Northwest	168,544	155,718	127,050
	Central	173,302	155,668	117,831
	Southern	98,771	94,025	84,490
	Cook	528,295	483,442	398,025
	Collar	281,462	233,469	183,258

Figure 35: Number of Unique Users of Prenatal and Postpartum Providers by Type and Region

Provider Type	Region	2013	2014	2015
Federally Qualified Health Centers	Statewide	5184	4144	3107
	Northwest	538	416	199
	Central	-	-	-
	Southern	153	139	116
	Cook	2569	2111	1964
	Collar	1924	1478	828
Rural Health Centers	Statewide	290	278	177
	Central	26	23	18
	Southern	264	255	159
Physicians	Statewide	290,828	266,972	245,255
	Northwest	33,959	33,696	29,887
	Central	36,514	33,932	29,090
	Southern	25,767	24,821	24,378
	Cook	126,802	114,661	108,736
	Collar	67,786	59,862	53,164

Figure 36: Number of Visits Per Provider of Prenatal and Postpartum Care by Type and Region

Provider Type	Region	2013	2014	2015
Federally Qualified Health Centers	Statewide	61	58	40
	Northwest	138	106	40
	Central	-	-	-
	Southern	23	18	20
	Cook	42	44	38
	Collar	157	134	57
Rural Health Centers	Statewide	23	24	15
	Central	-	-	-
	Southern	45	44	27
Physicians	Statewide	743	669	530
	Northwest	916	885	718
	Central	1,118	992	723
	Southern	988	979	871
	Cook	640	580	459
	Collar	675	563	442

Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

In the state of Illinois, Medicare establishes four different rates by geographic location: East St. Louis, Suburban Chicago, Chicago, and Rest of Illinois. The data in Figure 37 compares the average Medicare rate across these four regions to the Illinois Medicaid rate and shows that for the most recent period (2015) Illinois' payment rates are approximately 85% of the existing Medicare rates for the adult and pediatric populations. This is consistent with a recent study by The Henry J. Kaiser Family Foundation where it lists Illinois at 85% of Medicare rates for primary care services for the year 2014. This study can be found at <http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/>. As seen in Figure 38, according to the study, Illinois is the highest of other states in within CMS Region V in terms of percentage of Medicare. The state has not experienced any changes in provider enrollment and availability or any changes in the beneficiaries' ability to access services due to the current Medicaid rates.

Figure 37: Illinois Medicaid Rates Compared to Medicare

HCPCS CODE	SHORT DESCRIPTION	AVERAGE Non-FAC. PRICE	MEDICAID STATE MAX	MEDICAID ADD-ON (CHILD)	MEDICAID ADD-ON (ADULT)	Total MEDICAID Rate	MEDICAID AS % OF MEDICARE
59025	Fetal non-stress test	\$52.39	\$33.70			\$33.70	64.33%
59409	Obstetrical care	\$929.56	\$924.45			\$924.45	99.45%
59430	Care after delivery	\$203.01	\$50.15			\$50.15	24.70%
76805	Ob us >= 14 wks sngl fetus modifier	\$53.34	\$71.90			\$71.90	134.80%
76805	Ob us >= 14 wks sngl fetus modifier	\$91.53	\$71.90			\$71.90	78.55%
76805	Ob us >= 14 wks sngl fetus	\$144.87	\$71.90			\$71.90	49.63%
76816	Ob us follow-up per fetus modifier	\$46.53	\$71.90			\$71.90	154.52%
76816	Ob us follow-up per fetus modifier	\$71.44	\$71.90			\$71.90	100.64%
76816	Ob us follow-up per fetus	\$117.98	\$71.90			\$71.90	60.95%

% of Medicare Using a State-wide Simple Average

85%

Figure 38: State Medicaid Rates as a Percentage of Medicare Rates in 2014

Location	Obstetric Care
Illinois	0.85
Indiana	0.84
Michigan	0.72
Minnesota	0.63
Ohio	0.64
Wisconsin	0.82

Data sources: Medicaid provider enrollment system
Medicaid claims payment data (MMIS)
CMS.Gov Physician Fee Schedule
Illinois Medicaid Professional Fee Schedule
The Kaiser Family Foundation KFF.org